

The demand must be filed directly with the competent International Preliminary Examining Authority or, if two or more Authorities are competent, with the one chosen by the applicant. The full name or two-letter code of the Authority may be indicated by the applicant on the line below:

IPEA/US

PCT

CHAPTER II

DEMAND

under Article 31 of the Patent Cooperation Treaty:

The undersigned requests that the international application specified below be the subject of international preliminary examination according to the Patent Cooperation Treaty

For International Preliminary Examining Authority use only

Identification of IPEA	Date of Receipt of DEMAND
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<b>Box No. I IDENTIFICATION OF THE INTERNATIONAL APPLICATION</b>		Applicant's or agent's file reference M0765.70047
International Application No. PCT/US2003/040953	International Filing Date (day/month/year) 22 December 2003 (22.12.2003)	(Earliest) Priority date (day/month/year) 31 December 2002 (31.12.2002)
Title of Invention METHODS AND COMPOSITIONS FOR PROTECTION AGAINST THROMBOLYSIS-ASSOCIATED REPERFUSION INJURY		
<b>Box No. II APPLICANT(S)</b>		
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) THE GENERAL HOSPITAL CORPORATION 55 Fruit Street Boston, Massachusetts 02114 United States of America		Telephone No.:
		Facsimile No.:
		Teleprinter No.:
State (that is, country) of nationality: US	State (that is, country) of residence: US	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) LO, Eng H. 20 Staniford Street Newton, Massachusetts 02466 United States of America		
State (that is, country) of nationality: US	State (that is, country) of residence: US	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) WANG, Xiaoying 95 Glenellen Road West Roxbury, Massachusetts 02132 United States of America		
State (that is, country) of nationality: CN	State (that is, country) of residence: US	
X Further applicants are indicated on a continuation sheet.		

Form PCT/IPEA/401 (first sheet) (January 2004)

See Notes to the demand form

Express Mail Label No. EL960700999US

Sheet No. 2		International application No. PCT/US2003/040953
Continuation of Box No. II APPLICANT(S)		
<i>If none of the following sub-boxes is used, this sheet is not to be included in the demand.</i>		
Name and address: <i>(Family name followed by given name: for a legal entity, full official designation. The address must include postal code and name of country.)</i>  ARAI, Ken 1188-291 Ojityo Midori-ku Chiba-shi, Chiba 2670065 Japan		
State (i.e. country) of nationality: JP	State (i.e. country) of residence: JP	
Name and address: <i>(Family name followed by given name: for a legal entity, full official designation. The address must include postal code and name of country.)</i>  REBECK, G. William 118 North Carolina Ave., SE Washington, D.C. 20003 United States of America		
State (i.e. country) of nationality: US	State (i.e. country) of residence: US	
Name and address: <i>(Family name followed by given name: for a legal entity, full official designation. The address must include postal code and name of country.)</i>  		
State (i.e. country) of nationality	State (i.e. country) of residence:	
Name and address: <i>(Family name followed by given name: for a legal entity, full official designation. The address must include postal code and name of country.)</i>  		
State (i.e. country) of nationality:	State (i.e. country) of residence:	
o Further applicants are indicated on another continuation sheet.		

Form PCT/IPEA/401 (continuation sheet) (January 1994; reprint January 1997) See Notes to the demand form

**Box No. III AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE**The following person is ☒ agent ☐ common representative

And ☒ has been appointed earlier and represents the applicant(s) also for international preliminary examination.  
☐ is hereby appointed and any earlier appointment of (an) agent(s)/common representative is hereby revoked.  
☐ is hereby appointed, specifically for the procedure before the International Preliminary Examining Attorney, in addition to the agent(s)/common representative appointed earlier.

Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

ANDERSON, MaryDilys  
 Wolf, Greenfield & Sacks, P.C.  
 600 Atlantic Avenue  
 Boston, Massachusetts 02210  
 United States of America

Telephone No.:  
(617) 720-3500Facsimile No.:  
(617) 720-2441

Teleprinter No.:

☐ **Address for Correspondence:** Mark this check box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

**Box No. IV BASIS FOR INTERNATIONAL PRELIMINARY EXAMINATION****Statement concerning amendments:\***

1. The applicant wishes the international preliminary examination to start on the basis of:

☒ the international application as originally filed

the description ☐ as originally filed  
☐ as amended under Article 34

the claims ☐ as originally filed  
☐ as amended under Article 19 (together with any accompanying statement)  
☐ as amended under Article 34

the drawings ☐ as originally filed  
☐ as amended under Article 34

2. ☐ The applicant wishes any amendment to the claims under Article 19 to be considered as reversed.3. ☐ The applicant wishes the start of the international preliminary examination to be postponed until the expiration of the applicable time limit under Rule 69.1(d).4. ☐ The applicant wishes the start of the international preliminary examination to start earlier than the expiration of the applicable time limit under Rule 69.1(d).

\* Where no check-box is marked, international preliminary examination will start on the basis of the international application as originally filed or, where a copy of amendments to the claims under Article 19 and/or amendments of the international application under Article 34 are received by the International Preliminary Examining Authority before it has begun to draw up a written opinion or the international preliminary examination report, as so amended.

Language for the purposes of international preliminary examination: . . . . English

- ☒ which is the language in which the international application was filed.  
☐ which is the language of a translation furnished for the purposes of international search.  
☐ which is the language of publication of the international application  
☐ which is the language of the translation to be furnished for the purposes of international preliminary examination.

**Box No. V ELECTION OF STATES**

The filing of this demand constitutes the election of all Contracting States which are designated and are bound by Chapter II of the PCT.

See Notes to the demand form

**Box No. VI CHECKLIST**

The demand is accompanied by the following elements, in the language referred to in Box No. IV, for the purposes of international preliminary examination:

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Examining Authority use only

- |    |  |   |        |
|----|--|---|--------|
| 1. | translation of international application                                 | : | sheets |
| 2. | amendments under Article 34  | : | sheets |
| 3. | copy (or, where required, translation) of<br>amendments under Article 19 | : | sheets |
| 4. | copy (or, where required, translation) of<br>statement under Article 19  | : | sheets |
| 5. | letter   | : | sheets |
| 6. | other ( <i>specify</i> )   | : | sheets |

Received      not received

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

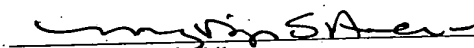
The demand is also accompanied by the item(s) marked below:

1. ☒ fee calculation sheet
2. ☐ separate signed power of attorney
3. ☐ copy of general power of attorney;  
reference number, if any:

4. ☐ statement explaining lack of signature
5. ☐ nucleotide and or amino acid sequence listing in computer readable form
6. ☒ other (*specify*):  
Transmittal letter  
Postcard  
Check

**Box No. VII SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE**

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the demand).



ANDERSON, Mary Dilys

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1. Date of actual receipt of DEMAND:	
2. Adjusted date of receipt of demand due to CORRECTIONS under Rule 60.1(b):	
3. <input type="checkbox"/> The date of receipt of the demand is AFTER the expiration of 19 months from the priority date and item 4 or 5, below, does not apply.	<input type="checkbox"/> The applicant has been informed accordingly.
4. <input type="checkbox"/> The date of receipt of the demand is WITHIN the period of 19 months from the priority date as extended by virtue of Rule 80.5.	
5. <input type="checkbox"/> Although the date of receipt of the demand is after the expiration of 19 months from the priority date, the delay in arrival is EXCUSED pursuant to Rule 82.	
6. <input type="checkbox"/> The date of receipt of the demand is AFTER the expiration of the time limit under Rule 54bis.1(a) and item 7 or 8 below, does not apply.	
7. <input type="checkbox"/> The date of receipt of the demand is WITHIN the time limit under Rule 54bis.1(a) as extended by virtue of Rule 80.5.	
8. <input type="checkbox"/> Although the date of receipt of the demand is after the expiration of the time limit under Rule 54Bis.1(a), the delay in arrival is EXCUSED pursuant to Rule 82.	

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Demand received from IPEA on:

Form PCT/IPEA/401 (last sheet) (January 2004)

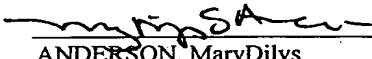
See Notes to the demand form

## PCT

## FEE CALCULATION SHEET

Annex to the Demand for international preliminary examination

For International Preliminary Examining Authority use only

International Application No. PCT/US2003/040953	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>
Applicant's or agent's File reference: M0765.70047	Date stamp of the IPEA
Applicant THE GENERAL HOSPITAL CORPORATION, ET AL.	
Calculation of prescribed fees	
1. Preliminary examination fee .....	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">\$600.00 (USPTO was ISA)</div> <div style="border: 1px solid black; padding: 2px; margin-left: 10px; text-align: center;">P</div> </div>
2. Handling fee .....	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">\$162.00</div> <div style="border: 1px solid black; padding: 2px; margin-left: 10px; text-align: center;">H</div> </div>
3. Total of prescribed fees Add the amounts entered at P and H and enter total in the TOTAL box .....	<div style="border: 1px solid black; padding: 5px; text-align: center; margin-bottom: 5px;">\$762.00</div> <div style="border: 1px solid black; padding: 5px; text-align: center;">TOTAL</div>
Mode of Payment	
<input type="checkbox"/> authorization to charge deposit account with the IPEA (see below)	<input type="checkbox"/> cash
<input checked="" type="checkbox"/> cheque	<input type="checkbox"/> revenue stamps
<input type="checkbox"/> postal money order	<input type="checkbox"/> coupons
<input type="checkbox"/> bank draft	<input type="checkbox"/> other (specify):
Deposit Account Authorization (this mode of payment may not be available at all IPEAs) The IPEA/US <input type="checkbox"/> is hereby authorized to charge the total fees indicated above to my deposit account. <input checked="" type="checkbox"/> (this check-box may be marked only if the conditions for deposit accounts of the IPEA so permit) is hereby authorized to charge any deficiency or credit any overpayment in the total fees indicated above to my deposit account.	
23/2825	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <u>8/6/04</u>              Date (day/month/year)           </div> <div style="text-align: center;">               ANDERSON, Mary Dilys           </div> </div>
Deposit Account Number	
Form PCT/IPEA/401 (Annex) (July 1998; reprint January 2000)	
See notes to the fee calculation sheet	